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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008		Complete if Known Application Number 10/826,489-Conf. #1356 Filing Date April 16, 2004 First Named Inventor Allen L. D'ambra Examiner Name H. D. Wilkins Art Unit 1795 Attorney Docket No. APPM/008303/ECP/ECP/MDG	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 210.00			

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-1074 Deposit Account Name: Applied Materials, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
- 20 =	x	=		Fee (\$) Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.				
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
4	- 3 = 1	x 210.00	= 210.00	
HP = highest number of independent claims paid for, if greater than 3.				

3. APPLICATION SIZE FEE

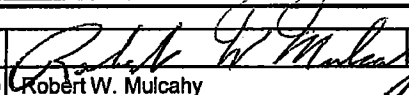
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent) 25,436	Telephone (713) 623-4844
Name (Print/Type)	Robert W. Mulcahy	Date	September 10, 2008

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 9/10/08 Signature:  (Keith M. Tackett)

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2004 (P.L. 108-275).

FEE TRANSMITTAL
For FY 2008

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$) 210.00	Application Number	10/826,489-Conf. #1356
		Filing Date	April 16, 2004
		First Named Inventor	Allen L. D'ambra
		Examiner Name	H. D. Wilkins
		Art Unit	1795
		Attorney Docket No.	APPM/008303/ECP/ECP/MDG

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_____ - 20 = _____ x _____ = _____

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Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

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SUBMITTED BY

Signature	<i>Robert W. Mulcahy</i>	Registration No. (Attorney/Agent)	25,436	Telephone	(713) 623-4844
Name (Print/Type)	Robert W. Mulcahy	Date	September 10, 2008		

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Dated: 9/10/08 Signature: *Keith M. Tackett* (Keith M. Tackett)